

ID - FOR OFFICIAL USE ONLY											
C W											
T/A C											
X. DESCRIPTION OF HAZARDOUS WASTE											
A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.											
WASTE I.D. NO.											
AMOUNT AND FREQUENCY				lbs.				lbs.			
B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.											
WASTE I.D. NO.											
AMOUNT AND FREQUENCY				lbs.				lbs.			
C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.											
WASTE I.D. NO.											
AMOUNT AND FREQUENCY				lbs.				lbs.			
D. (Reserved)											
E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.											
AMOUNT AND FREQUENCY	X	1. IGNITABLE (D001)		1500 lbs. yr	2	2. CORROSIVE (D002)		3	3. REACTIVE (D003)		
AMOUNT AND FREQUENCY	4	4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.									
MISSOURI REQUIRED INFORMATION											
MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED) _____											
PRINCIPAL BUSINESS ACTIVITY <u>SECURITY HARDWARE MFG</u>											
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN) 											
CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY <input type="checkbox"/>											
XI. CERTIFICATION											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
SIGNATURE <u>X Martin Divers</u>				NAME AND OFFICIAL TITLE (TYPE OR PRINT) <u>X MARTIN DIVERS</u>				DATE <u>7/15/92</u>			
MO 780-1154 (8-89)											



R00302145
RCRA RECORDS CENTER

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

RECEIVE

SEND TO		MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM P.O. BOX 178, JEFFERSON CITY, MO 65102		9 3	
FOR OFFICIAL USE ONLY		COMMENTS		HAZARDOUS WASTE PROGRAM	
C				MISSOURI DEPARTMENT OF NATURAL RESOURCES	
C					
INSTALLATION'S EPA ID NUMBER		APPROVED	DATE RECEIVED		ST LOUIS 189
C			YR.	MO.	
C					
F					
I. NAME OF INSTALLATION					
ARCHITECTURAL CONTROL					
II. INSTALLATION MAILING ADDRESS					
STREET OR P.O. BOX NUMBER					
C		10666 GATEWAY			
C		CITY OR TOWN		STATE	ZIP CODE
C		OLIVETTE		MO	63132
III. LOCATION OF INSTALLATION					
STREET AND NUMBER					
C		10666 GATEWAY			
C		CITY OR TOWN		STATE	ZIP CODE
C		OLIVETTE		MO	63132
IV. INSTALLATION CONTACT					
NAME AND TITLE (LAST, FIRST, AND JOB TITLE)				TELEPHONE NUMBER	
C		MARTY DIVERS		3144325588	
V. OWNERSHIP					
A. NAME OF INSTALLATION'S LEGAL OWNER				B. TYPE OF OWNERSHIP (ENTER CODE)	
C		ARCHITECTURAL CONTROL			
VI. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)					
A. HAZARDOUS WASTE ACTIVITY			B. USED OIL FUEL ACTIVITIES		
<input checked="" type="checkbox"/> 1. GENERATOR	<input type="checkbox"/> 1b. LESS THAN 1,000 KG/MO.		<input type="checkbox"/> 8. OFF-SPECIFICATION USED OIL FUEL (enter "X" & mark appropriate boxes below)		
<input type="checkbox"/> 2. TRANSPORTER			<input type="checkbox"/> a. GENERATOR MARKETING TO BURNER		
<input type="checkbox"/> 3. TREATER/STORER/DISPOSER			<input type="checkbox"/> a. OTHER MARKETER		
<input type="checkbox"/> 4. UNDERGROUND INJECTION			<input type="checkbox"/> c. BURNER		
<input type="checkbox"/> 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter "X" & mark appropriate boxes below)			<input type="checkbox"/> 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION		
<input type="checkbox"/> A. GENERATOR MARKETING TO BURNER					
<input type="checkbox"/> B. OTHER MARKETER					
<input type="checkbox"/> C. BURNER					
VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE					
(Enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)					
<input type="checkbox"/> A. UTILITY BOILER	<input type="checkbox"/> B. INDUSTRIAL BOILER		<input type="checkbox"/> C. INDUSTRIAL FURNACE		
VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER "X" IN THE APPROPRIATE BOX(ES))					
<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (SPECIFY)	
IX. FIRST OR SUBSEQUENT NOTIFICATION					
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.					
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)		C. INSTALLATION'S EPA I.D. NUMBER		